09:11

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION PROCUREMENT SERVICES DIVISION

AFFIDAVIT OF COMPLIANCE - PROCUREMENT OF ITEMS OF APPAREL FROM RESPONSIBLE MANUFACTURERS PROVISION

BID/RFP NUMBER: 1	1544	DATE:	32-17-03	
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This affidavit of compliance will be the contractor's sworn statement that facilities identified on this form are responsible manufacturers as defined in the Milwaukee Code of Ordinances 317-10 sub. 2-d.

Contractors shall procure and submit sworn reports or affidavits <u>from every</u> <u>subcontractor employed by the contractor</u> during the specified time period of the contract for the <u>fulfillment</u> of contracts covered under this section.

In the event that any information provided by the contractor or subcontractor changes during the specified time period of the contract, the contractor shall submit or cause to be submitted to the purchasing director sworn reports or affidavits relating to the updated information.

A. Below, provide the name and address of the companies and facilities in which the items of apparel have been or will be manufactured, distributed, laundered or dry cleaned (attach additional sheet, if necessary):

NAME OF MANUFACTURER/	ADDRESS	CITY	STATE	ZIP
CONTRACTOR/SUBCONTRACTOR BENDETN FIRE EQUIPMENT	13190 W. GLENDAUE AVE.	BUTLER	WI	53007
co, INC.				
GLOVE CORPORATION	1			
LIFE LINERS	SEE ATTACHE	O SIFEET	5	

B. Below, provide the names and address of all owners of the facilities in which the items of apparel have been or will be manufactured, distributed, laundered or dry cleaned (attach additional sheet, if necessary):

ſ	NAME OF MANUFACTURER/	ADDRESS	CITY	STATE	ZIP
Ī	FRED ZIMMERMAN	3565 STUDIO CT.	BLOOKPELD	WI	53045
Ī	GLOVE CORPORATION	SEE ATTACHED.	SHEETS		
	LIFE LINERS	SEE ATTACHE	SHEETS		

C. Below, provide the base hourly wage and the percent of wage level paid as health benefits for persons working at the facilities in which the items of apparel have been or will be manufactured or distributed, laundered, or dry cleaned.

BASE HOURLY WAGE:	PERCENTAGEOF WAGE LEVEL PAID AS HEALTH BENEFITS:
\$ 16.25	05 %
\$	%
\$	%
\$	%

In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my manufacturers and their subcontractors purchasing, renting, laundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17. Further, I understand that any false statement on these forms could result in:

- Withholding of payments.
- ▶ Termination, suspension or cancellation of the contract in whole or in part.

I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of

After a due process hearing, denial of the right of the contractor to bid on future city contracts, by himself or herself, partner or agent, or by any corporation of which he or she is a member, for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.

Ordinances as stated above:

AUTHORIZED SIGNATURE: SUSAN S. SIMMER MAN

PRINTED NAME: SENDIN FIRE EQUIPMENT CO., INC.,

Personally came before me on this ______ / 2005, (he/she) Susan 5. Zemmenner who acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

May Can Thomas NETARY PUBLIC SIGNATURE

My commission expires: (fully 3,2005

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION PROCUREMENT SERVICES DIVISION

AFFIDAVIT OF COMPLIANCE - PROCUREMENT OF ITEMS OF APPAREL FROM RESPONSIBLE MANUFACTURERS PROVISION

BID/RFP NUMBE	ER: <u>1544</u>	DATE:		
This affidavit of cou this form are respo 10 sub. 2-d.	npliance will be the c nsible manufacturers	contractor's sworn statement s as defined in the Milwauke	t that facilities identi e Code of Ordinanc	fied on es 317-
<u>subcontractor emp</u>	rocure and submit so loyed by the contract cts covered under th	wom reports or affidavits <u>fror</u> tor during the specified time is section.	n every period of the contra	ct for the
specified dutespend	vo of the contract, the	ed by the contractor or subcreactor shall submit or contractor shall submit or conductions to the update	suca to ha cubmille	uring the ed to the
or apparein	ide the name and ad ave been or will be n tional sheet, if neces	ldress of the companies and nanufactured, distributed, lac sary):	facilities in which the undered or dry clear	ne items ned
NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRAC	ADDRESS	СПУ	STATE	ZIP
GLOVE CONPON	5 3 51 N.H	ا د ا ما	(N	46001
abhatat (1974)	de the names and ac been or will be man eet, if necessary):	ddress of all owners of the fa oufactured, distributed, laund	cilities in which the ered or dry cleaned	items of (attach
NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACT	OR ADDRESS	CITY	8TATE	ZIP
Joe STURM		DE LARY.	FLA.	33483
FRANK STURM		ALEXANDRIA		46001
CATHLEEN STORY	n	St-Joseph	FLA	33600.
				-

C. Below, provide the base hourly wage and the percent of wage level paid as health benefits for persons working at the facilities in which the items of apparel have been or will be manufactured or distributed, laundered, or dry cleaned.

BASE HOURLY WAGE:	PERCENTAGEOF WAGE LEVEL PAID AS HEALTH BENEFITS:		
7.50 4\$1.80BONUS.	20 %		
\$	%		
\$	%		
\$	%		

In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my manufacturers and their subcontractors purchasing, renting, faundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17. Further, I understand that any false statement on these forms could result in:

- Withholding of payments.
- Termination, suspension or cancellation of the contract in whole or in part.
- After a due process hearing, denial of the right of the contractor to bid on future city contracts, by himself or herself, partner or agent, or by any corporation of which he or she is a member, for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.

We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above:

AUTHORIZED SIGNATURE:

PRINTED NAME:

TONY MOONE GEN MGR.

COMPANY NAME:

THE GLOVE CONFORMERON 2005.

(heights Jony More who acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Sharon A Summers

PRINT NAME

My commission expires: 9/23/08

College -

Sent to la 2 23 05

CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION PROCUREMENT SERVICES DIVISION

AFFIDAVIT OF COMPLIANCE - PROCUREMENT OF ITEMS OF APPAREL FROM RESPONSIBLE MANUFACTURERS PROVISION

BID/RFP NUMBER:	1544	DATE:	2-17-05	
This affidavit of complian this form are responsible 10 sub. 2-d.	nce will be the contractor's manufacturers as define	s sworn statement ed in the Milwauke	that facilities identi e Code of Ordinand	ified on ces 317-
subcontractor employed	a and submit sworn repor by the contractor during to vered under this section.	the specified time	n every period of the contre	act for the
In the event that any info specified time period of the purchasing director swor	ne contract, the contracto	ar shall suhmit or re	arre to be enhanted	furing the ed to the
o even leastde to	e name and address of the en or will be manufacture sheet, if necessary):	he companies and red, distributed, lau	facilities in which t undered or dry clea	he items Ined
NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP
LAE GINES Inc	30 E. Parklue	Sollersulle	. PA	18960
apparet have been additional sheet, if	names and address of a nor will be manufactured necessary):	all owners of the fa , distributed, laund	cilities in which the ered or dry cleaned	items of d (attach
NAME OF MANUFACTURER/ CONTRACTOR/SUBCONTRACTOR	ADDRESS	CITY	STATE	ZIP
Stephen As/haffer	20 Parle A.	Morrisan	NS	07960
				-

C. Below, provide the base hourly wage and the percent of wage level paid as health benefits for persons working at the facilities in which the Items of apparel have been or will be manufactured or distributed, laundered, or dry cleaned.

BASE HÖÜRLY WAĞE:	PERCENTAGEOF WAGE LEVEL PAID AS HEALTH BENEFITS:
10.17	.15 %
\$	%
S	%
\$	%

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Withholding of payments.

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Ordinances as stated above:
AUTHORIZED SIGNATURE: Lyp 1
PRINTED NAME: Stephen S. Askhalber
COMPANY NAME: LIFECINES Inc
Personally came before me on this
Johnpio Johnpio

Johnpio Disanto
NOTARY PUBLIC OF NEW JERSEY
My commission expires My Commission Expires Nov. 02, 2005